## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**CLAIMS AS FILED - PART I** 



| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |                                                                                                                                                                                   |                                             |              |              |                              |                  |          | SMALL ENTITY TYPE   |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|--------------|------------------------------|------------------|----------|---------------------|------------------------|---------|-------------------------------|------------------------|--|
| TOTAL CLAIMS                                                                         |                                                                                                                                                                                   |                                             | 18           |              |                              |                  | ſ        | RATE                | FEE                    | 1       | RATE                          | FEE                    |  |
| FOR                                                                                  |                                                                                                                                                                                   |                                             | NUMBER FILED |              | NUMBI                        | ER EXTRA         |          | BASIC FEE           | 370.00                 | OR      | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                              |                                                                                                                                                                                   |                                             | /B minus 20= |              | * 0                          |                  |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS                                                                   |                                                                                                                                                                                   |                                             | minus 3 =    |              | * 0                          |                  |          | X42=                | 41                     | OR      | X84=                          |                        |  |
| MU                                                                                   | ILTIPLE DEPEN                                                                                                                                                                     | NDENT CLAIM P                               |              |              |                              |                  | +140=    |                     | OR                     | +280=   |                               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column               |                                                                                                                                                                                   |                                             |              |              |                              | olumn 2          | ı        | TOTAL               |                        | OR      | TOTAL                         | 700                    |  |
| CLAIMS AS AMENDED - PART II                                                          |                                                                                                                                                                                   |                                             |              |              |                              |                  |          | ·                   |                        | •       | OTHER                         |                        |  |
|                                                                                      |                                                                                                                                                                                   | (Column 1)<br>CLAIMS                        | (Column 2)   |              |                              | (Column 3)       |          | SMALL               |                        | OR      | SMALL                         |                        |  |
| AMENDMENT A                                                                          |                                                                                                                                                                                   | REMAINING<br>AFTER<br>AMENDMENT             |              | NUM<br>PREVI | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                      | Total                                                                                                                                                                             | - 18                                        | Minus        | ** 7         | 70                           | =                |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|                                                                                      | Independent                                                                                                                                                                       | * <b>3</b> ENTATION OF MI                   | Minus        | ***          | S<br>TCLAIM                  | [ ]              |          | X42=                | i                      | OR      | X84=                          |                        |  |
| <b>L</b>                                                                             | THOTTILOE                                                                                                                                                                         |                                             |              | LIVOLIV      | T OBAIN                      |                  | '        | +140=               |                        | OR      | +280=                         |                        |  |
|                                                                                      |                                                                                                                                                                                   |                                             |              |              |                              |                  | _        | TOTAL<br>ADDIT, FEE | ì                      | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
|                                                                                      |                                                                                                                                                                                   |                                             |              |              |                              |                  |          |                     |                        |         |                               |                        |  |
| AMENDMENT B                                                                          |                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | ]        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                      | Total                                                                                                                                                                             | *                                           | Minus        | **           |                              | =                |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|                                                                                      | Independent                                                                                                                                                                       | *                                           | Minus        | ***          | T OL 4114                    | =                |          | X42=                |                        | OR      | X84=                          |                        |  |
|                                                                                      | FIRST PRESE                                                                                                                                                                       | NTATION OF MU                               | JETIPLE DEF  | ENDEN        | CLAIM                        |                  | <b>」</b> | +140=               | -                      | OR      | +280=                         | /                      |  |
|                                                                                      |                                                                                                                                                                                   |                                             |              |              |                              |                  | L        | TOTAL               |                        | OR      | TOTAL                         |                        |  |
|                                                                                      |                                                                                                                                                                                   | Α                                           | DDIT. FEE    |              |                              | ADDIT. FEE       |          |                     |                        |         |                               |                        |  |
| AMENDMENT C                                                                          |                                                                                                                                                                                   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | PREVI        |                              | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                      | Total                                                                                                                                                                             | *                                           | Minus        | **           |                              | =                |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|                                                                                      | Independent                                                                                                                                                                       | *                                           | Minus        | ***          |                              | =-               |          | X42=                |                        | OR      | X84=                          |                        |  |
| Ľ                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                    |                                             |              |              |                              |                  |          | .440                |                        |         | .000                          |                        |  |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                   |                                             |              |              |                              |                  |          | +140=<br>TOTAL      |                        | OR      | +280=                         |                        |  |
| **                                                                                   | ** If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 20, nter "20."  ***If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 3, ent r "3." |                                             |              |              |                              |                  |          |                     |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
|                                                                                      |                                                                                                                                                                                   | nber Previously Pa                          |              |              |                              |                  | er foui  | nd in the app       | ropriate box           | k in co | lumn 1.                       |                        |  |